

## COMMENTARY

### Medication Therapy Management – It’s Complicated

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Around the world, the essential role of the pharmacist is rapidly evolving. What was historically referred to as “cognitive services” in the United States is now called Medication Therapy Management (MTM). In the United Kingdom, MTM is called Medicines Management. And in Canada, we call it Medication Management. Regardless of what term is used, the activity is broadly similar – the ethical application of a unique body of knowledge, skills, and judgment to ensure optimal use of medications by patients, for the purpose of improving health outcomes.

While some may argue that MTM has always been at the core of what pharmacists do, the level of public expectation, the inherent complexity of the job, and the interprofessional context in which it occurs suggest that MTM is newer and more important than how we may have considered it in the past. How ready are educators, regulators, employers, and pharmacy educators to deal with the real complexities of how challenging it is to practice medication therapy management?

Pharmacy, as a profession, has generally been concerned with accuracy and precision. At a time when compounding, dispensing, and records-based stewardship were the focus of the job, focusing on accuracy and precision was both relevant and straightforward to evaluate. Quality assurance and audit systems could be easily implemented that determined whether a pharmacist dispensed prescription instructions correctly, and whether narcotic counts balanced.

Today, in a world increasingly dominated by MTM, what does “accuracy and precision” mean? Particularly in the context of primary care (where much of this work occurs), there is significant uncertainty and ambiguity that must be managed on a day-to-day basis. As pharmacists, we believe (or hope) that one more laboratory test, one more investigation, or one more meta-analysis is hiding around the corner and that once we find this information, it will provide the certainty and evidence we need to

make the right decision for our patients. Indeed, for many pharmacists, there is still a belief that there must be a “right” decision to be made, and more diligence and a few more literature searches will help us find that elusive right answer.

The reality in MTM, and in primary care in general, is that sometimes there is no “right answer.” Instead we must choose from a short menu of “best available alternatives.” This is not particularly satisfying for professionals accustomed to precision and accuracy being the hallmark of their work, and for many pharmacists this reality can be overwhelming. Sometimes in practice (as in life), there are no certainties or guarantees, and we must learn to become comfortable with doing the best we can with the information and resources we have available to us right now. Further, we need to also demonstrate a type of psychological serenity that will allow us to adapt our thinking and change our decisions in real time as new information becomes available.

How are we supporting students and practitioners in developing the cognitive flexibility to manage “best available alternatives” rather than “right answers”? In most educational programs, the use of traditional teaching and assessment methods (such as multiple choice questions) still supports the view that complexity and ambiguity of health care can be reduced to a single right answer rather than a recognition that there are instead “better” or “worse” answers only. How do we prepare students for the reality that, despite their best sincere efforts, there may actually be no good options in a specific situation – and yet as professionals, they are still expected to decide, act, and calmly carry on? How do regulators adapt their systems – starting with licensing examinations and moving through the career continuum of a pharmacist – to help practitioners learn to manage ambiguity?

In the past, we had the convenient escape clause of referring difficult situations up the chain to another more qualified health care provider such as a physician. Today, as self-described medication experts, this option is less desirable. We also know that physicians do not have any magical powers to manage complexity and ambiguity better or differently than we do; instead, they have educational and practice systems that acknowledge and

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respect the differences between “right answers” and “best available alternatives.”

More than 40 years ago, the educational philosopher Donald Schön explained the essential role of professionals in society. To him, professional work is characterized by “messiness”: problems that are difficult, where clear cut solutions are not possible, but where individuals still need to act ethically, knowledgeably, humbly and courageously and make the best possible decisions under the circumstances.<sup>1</sup> Ambiguity of context does not excuse poor decision making, errors, or unethical behaviors. But to Schön, this is the reason why we have professionals in the first place: if right answers were possible to find, technicians would be all that is required.

Helping our students learn to cognitively manage and find psychological comfort in ambiguous professional contexts will only become more important as the complexity of pharmacy work continues to evolve and grow. Our traditional teaching and assessment methods may not be best suited to help students manage this reality. For our students and our profession to continue to succeed and to meet the growing expectations of the patients we serve, this is a profession-wide discussion we will need to address.

## REFERENCE

1. Schön DA. *The Reflective Practitioner: How Professionals Think in Action*. New York, NY: Basic Books; 1984.